

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/597548 FILING DATE 11/28/06  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3	2			1				53					
4	2			1				54					
5								55					
6	1			1				56					
7	2			1				57					
8	G			1				58					
9				1				59					
10		1		1				60					
11				1				61					
12				1				62					
13				1				63					
14								64					
15								65					
16								66					
17								67					
18								68					
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39								89					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			1					TOTAL IND.					
TOTAL DEP.			12					TOTAL DEP.					
TOTAL CLAIMS			13					TOTAL CLAIMS					